

REIMBURSEMENT REQUEST FORM

- Complete this form to request reimbursement for your out-of-pocket Qualified Higher Education Expenses (as defined in the GET Master Agreement, Section II.AA).
- It is important to specify the exact amount of Qualified Higher Education Expenses. The earnings portion of nonqualified withdrawals from your account may be subject to a 10 percent federal tax penalty, as well as state and local income taxes (see IRS Publication 970 for details http://www.irs.gov/publications/p970/index.html).
- The Student Beneficiary must attend school at least half time to qualify for the payment of room and board expenses. The amount may not exceed the room and board allowance calculated by the college in its Cost of Attendance budget.

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Account Informat	ion						
Account Number		Acc	Account Own				
Student Beneficiary	y Name						
Academic Informa	ation						
School Contact Information				Dates of Attendance			
School Name Address	Name			Choose only one academic year and term per reimbursement request			
City, State, Zip				□ 2013-2014 □ 2014-2015			
Website				☐ Fall	□ Winter		□ Summer
Payment Informat	l tion			□ Faii	□ Willter		□ Sullillei
Please send my payment to*				Total payment amount requested**			
☐ Account Owner		☐ Student Beneficiary (requires notariz	zation)	\$			
* All checks will be n	nailed to the <u>a</u>	address we have on file. To update your addre you are using, divide the total amount reques	ess, please vi	sit online ac		-	
Transaction Author	orization						
 This reimbursement is to pay for qualified higher education expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. Qualified higher education expenses include the costs of tuition, fees, room and board, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses are available at: www.irs.gov/pub/irs-pdf/p970.pdf. I certify that I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Program. The information in this form is accurate. I authorize GET to act on instructions on the form believed to genuine and from me. Account Owner Signature: Date: Date:							
		opy with notarization of the Account Owner's		a raquirad a			
•	All original co	ppy with notarization of the Account Owner's	s Signature i	s required o	my for checks payabl	ic to the Student Bei	ichciary.)
State of:							
County of: _				 -			
		ve satisfactory evidence that nowledged it to be (his/her) free and voluntar					uid person acknowledged that
		Date:	Sign	ature:			
Prin				nted Name:			
			Title	:			
(Seal or Stamp) My			My A	Appointment Expires:			